Saint Peter's College Distance Learning Course Proposal Form

Date Prepared: _____

Department: _____

Prepared By (Faculty Member): _____

Circle One: (Existing Course) or (New Course)

Circle One: (Online) or (Hybrid)

Circle One (Undergraduate) or (Graduate)

Name of Course: _____

Brief Course Description:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Chairperson Approval
Chairperson: _____ Date: _____